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## BIB DATA SHEET

CONFIRMATION NO. 6414

| SERIAL NUMBER   | FILING or 371(c)<br>DATE<br>RULE  | CLASS  | GROUP ART UNIT      | ATTORNEY DOCKET<br>NO.                                       |                 |                       |
|---|---|--|---------------------|--|-----------------|-----------------------|
| 10/623,864  | 07/22/2003  | 424  | 1611                | 6102-000069/US   |                 |                       |
| <b>APPLICANTS</b><br>Dietrich Wilhelm Schacht, Koln, GERMANY;<br>Mike Hannay, Wachtberg-Villiprott, GERMANY;<br>Hans-Michael Wolff, Residence Not Provided; |   |  |                     |  |                 |                       |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/451,716 03/05/2003   |   |  |                     |  |                 |                       |
| <b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 02 016 860.5 07/30/2002  |   |  |                     |  |                 |                       |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>11/28/2003  |   |  |                     |  |                 |                       |
| Foreign Priority claimed  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY | SHEETS<br>DRAWINGS   | TOTAL<br>CLAIMS | INDEPENDENT<br>CLAIMS |
| 35 USC 119(a-d) conditions met  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Initials            | GERMANY             | 7  | 7               | 1                     |
| Verified and<br>Acknowledged  | / AB /<br>Examiner's signature  |  |                     |  |                 |                       |
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| <b>TITLE</b><br>Transdermal delivery system for the administration of rotigotine  |   |  |                     |  |                 |                       |
| <b>FILING FEE<br/>RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                     | <input type="checkbox"/> All Fees                            |                 |                       |
|   |   |  |                     | <input type="checkbox"/> 1.16 Fees (Filing)                  |                 |                       |
|   |   |  |                     | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                 |                       |
|   |   |  |                     | <input type="checkbox"/> 1.18 Fees (Issue)                   |                 |                       |
|   |   |  |                     | <input type="checkbox"/> Other _____                         |                 |                       |
|   |   |  |                     | <input type="checkbox"/> Credit                              |                 |                       |